



Last Updated: 03/09/2022

Implementation of Correct Coding Initiative (CCI) and Revision of ClaimCheck Edits - Effective January 1, 2009

The purpose of this memorandum is to inform providers that, effective January 1, 2009, all CPT and HCPCS codes, except for specific HCPCS procedure codes identified as waiver and substance abuse services per the State Plan, will be subject to both Correct Coding Initiative (CCI) and ClaimCheck edits. These new edits will impact all Physician and Laboratory Services and will be based on claims received on or after January 1, 2009. This action was referenced in Governor Kaine's FY 2008 Budget Reduction Plan, which was released in October 2008.

Correct Coding Initiative (CCI) edits

The Centers for Medicare and Medicaid Services (CMS) CCI edits are based on coding conventions defined in the American Medical Association's CPT manual, coding guidelines developed by national societies, analysis of standard medical and surgical practice and current coding practices per CMS. CCI edits, which are designed to increase our agency's efficiency, became available to the Department of Medical Assistance Services (DMAS) in August 2007 with the implementation of ClaimCheck 8.5.

CCI edits will be implemented into the daily claims adjudication cycle on a concurrent basis, no different than how ClaimCheck edits work today. This implementation will result in current claims being processed to edit against historical claims data and reported via the weekly remittance advice.

CCI edits are invoked based on the following global claim factors: same recipient, same provider, same date of service. Note: While CMS pricing logic pays procedure codes based on the lowest dollar value, DMAS has modified the CCI Mutually Exclusive edit to pay procedure codes with the higher dollar value.



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CPT and HCPCS Procedure Codes in ClaimCheck

Over the past year DMAS has been tracking utilization as well as ClaimCheck trends. In an effort to increase our efficiency, we have revised our procedures. **Therefore, DMAS will also be revising which procedure codes are exempt from the ClaimCheck process.** Effective January 2009, all CPT and HCPCS codes, except for specific HCPCS procedure codes identified as waiver and substance abuse services per the State Plan, will be subject to both CCI and ClaimCheck edits.

Modifiers

DMAS will continue to recognize the applicable CPT and HCPCS code modifiers, when appropriately used and as defined by the most recent Current Procedural Terminology (CPT), to determine the appropriate exclusion from the CCI and ClaimCheck process. The recipient's medical record **must** contain documentation to support the use of the modifier by clearly identifying the significant, identifiable service that allowed the use of the modifier. DMAS or our agent will monitor and audit the use of these modifiers to assure compliance. These audits may result in recovery of overpayment(s) if the medical record does not appropriately demonstrate the use of the modifiers.

DMAS has provided a listing of the modifiers, examples of common CCI and ClaimCheck edits and CCI and ClaimCheck edit error reason codes at our website: www.dmas.virginia.gov, under Provider Services, Claims and Billing.

Providers may request reconsideration of actions taken by a CCI or ClaimCheck edit via email (ClaimCheck@dmas.virginia.gov) or by submitting a written request to the following mailing address:

Department of Medical
Assistance Services Payment
Processing Unit



Department of Medical Assistance Services
600 East Broad Street
Suite 1300
Richmond, VA 23219

<https://dmas.virginia.gov>

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ATTN: ClaimCheck

600 East Broad Street, Suite 1300

Richmond, Virginia 23219

ELIGIBILITY AND CLAIMS STATUS INFORMATION

DMAS offers a web-based Internet option (ARS) to access information regarding Medicaid or FAMIS eligibility, claims status, check status, service limits, prior authorization, and pharmacy prescriber identification. The website address to use to enroll for access to this system is <http://virginia.fhsc.com>. The MediCall voice response system will provide the same information and can be accessed by calling 1-800-884-9730 or 1-800-772-9996. Both options are available at no cost to the provider.

"HELPLINE"

The "HELPLINE" is available to answer questions Monday through Friday from 8:30 a.m. to 4:30 p.m., except on state holidays. The "HELPLINE" numbers are:

1-804-786-6273	Richmond area and out-of-state long distance
1-800-552-8627	All other areas (in-state, toll-free long distance)

Please remember that the "HELPLINE" is for provider use only. Please have your Medicaid Provider Identification Number available when you call.

COPIES OF MANUALS

DMAS publishes electronic and printable copies of its Provider Manuals and Medicaid Memoranda on the DMAS website at www.dmas.virginia.gov. Refer to the "DMAS Content Menu" column on the left-hand side of the DMAS web page for the "Provider Services" link, which takes you to the "Manuals, Memos and



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Communications" link. This link opens up a page that contains all of the various communications to providers, including Provider Manuals and Medicaid Memoranda. The Internet is the most efficient means to receive and review current provider information. If you do not have access to the Internet or would like a paper copy of a manual, you can order it by contacting Commonwealth-Martin at 1-804-780-0076. A fee will be charged for the printing and mailing of the manuals and manual updates requested.

PROVIDER E-NEWSLETTER SIGN-UP

DMAS is pleased to inform providers about the creation of a new Provider E-Newsletter. The intent of this electronic newsletter is to inform, communicate, and share important program information with providers. Covered topics will include changes in claims processing, common problems with billing, new programs or changes in existing programs, and other information that may directly affect providers. If you would like to receive the electronic newsletter, please sign up at www.dmas.virginia.gov/pr-enewsletter.asp.

Please note that the Provider E-Newsletter is not intended to take the place of Medicaid Memos, Medicaid Provider Manuals, or any other official correspondence from DMAS.